Medicolegal News and Views

Virginia Department of Health, Office of the Chief Medical Examiner **Vol.4, #1 Spring 2004**

Linking Data to Save Lives-A Note From Our Chief

Did you know that suicide and homicide rank among the leading causes of death for people between the ages of 1 and 39? More than 1,200 of these tragic deaths occur in Virginia annually and over 50,000 nationwide. Yet our knowledge and understanding of most violent deaths is limited to isolated studies or reports from individual agency databases. Until this changes, many critical questions will go unanswered and the violence will continue.

The Office of the Chief Medical Examiner (OCME) recently implemented the National Violent Death Reporting System (NVDRS). Funded by the Centers for Disease Control and Prevention, NVDRS will help to establish a national violent death surveillance system. This data system links information about violent deaths – homicides, suicides, unintentional firearm injuries, legal interventions and acts of terrorism – from sources such as forensic pathology, law enforcement, forensic science and vital records. Of the six states initially selected to pilot the project, the OCME is the only medical examiner system to take the lead. NVDRS joins the OCME's established surveillance and fatality review programs that include fatal Family & Intimate Partner Violence, Child Fatality and Maternal Mortality.

NVDRS is the very first attempt to capture a comprehensive national picture of violent death by developing consistent reporting standards among all states. Once fully implemented, the system will generate timely, useful, and detailed information about violent death at the local, state, and national levels. Using a public health model of describing all the parameters of a health problem, and identifying specific points where interventions may prevent morbidity or mortality, the NVDRS represents new hope for reducing violence. NVDRS will support government and other policy makers as they attempt to understand the extent of the violence problem, develop public health interventions, and evaluate violence prevention program efforts.

Virginia's medical examiners and medicolegal death investigators will play a key role in the success of NVDRS. As first responders to violent deaths, local medical examiner and law enforcement diligence in obtaining and documenting details regarding the circumstances of death is critical. Every information item provided not only assists the forensic pathologists, but will also be used to achieve the OCME's goal of complete and accurate reporting for NVDRS. In this way, the work of local medical examiners will extend beyond the locality, and even the state, to have a national impact.

As always, I remain committed to our public health mission of reducing violent deaths through surveillance and fatality review. I look forward to working with you on this new venture. Please direct questions or requests for additional information to Karen Head, Mortality Surveillance Manager (office: 804.786.9841; e-mail karen.head@vdh.Virginia.gov).

M. Fierro, M.D.

OCME Pathologists Present at AAFS

Drs. Wendy Gunther (Tidewater District), Elizabeth Kinnison (Tidewater District), Mary Jo Martin (Central District) and Carolyn Revercomb (Northern District), presented abstracts at the American Academy of Forensic Sciences 56th Annual Meeting in Dallas, Texas, this past February. Dr. William Massello (Western District) co-authored a poster. They covered a variety of topics such as child deaths, positional asphyxia and alcoholism, and genetic arrhythmia syndromes. Congratulations to all who participated for their hard work!

ANNOUNCEMENTS

OCME SEMINARS

May 26-Roanoke, VA

MEDICAL EXAMINER TRAINING SEMINAR

This one day training seminar for Virginia medical examiners will be held at the OCME/ Division of Forensic Science Facility, 6600 Northside High School Road , Roanoke, VA

Physicians may claim up to 8 hours of Category 1 CME credit hours.

VIRGINIA INSTITUTE OF FORENSIC SCIENCE AND MEDICINE (VIFSM)

(VIFSM courses will be held at The Virginia Crossings Resort, Glen Allen-Richmond, VA)

June 7-11

EFFECTIVE MANAGEMENT OF MASS FATALITY EVENTS

August 3-5

BASIC FORENSIC SCIENCE AND MEDICINE COURSE-PART B

All VIFSM courses provide Category 1 CME credit hours.

For VIFSM courses or the medical examiner training seminar please contact:

Bill Ellerman at:
804-786-6858 OR
www.vifsm.org

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In the Spotlight

Dr. Malcolm Tenney - Medical Examiner
Western District

Dr. Malcolm Tenney has served as medical examiner for Staunton, Waynesboro, and Augusta County for 20 years. After receiving his M.D. from the Medical College of Virginia, he earned a Master's Degree in Public Health Administration from Johns Hopkins University. Dr. Tenney interned at Roanoke Memorial Hospital and then spent 35 years working in public health for the Virginia Department of Health (VDH). Dr. Tenney was serving as the local health director for the cities of Staunton, Waynesboro, Harrisonburg, Lexington, Buena Vista and the counties of Augusta, Rockingham, Rockbridge, Bath and Highland when he was promoted to the position of Regional Health Director. At the time of his retirement from VDH, Dr. Tenney was serving as Regional Health Director for the southwest and northwest regions of Virginia. He also taught public health-related classes at James Madison University for 25 years on a volunteer basis; the university has a health sciences scholarship named after him. After his retirement from the Virginia Department of Health, Dr. Tenney returned as the Augusta County/Staunton Health Director for three years on a volunteer basis. In 1995 the Augusta County/Staunton Health Department building was named for Dr. Tenney. Dr. Tenney and his wife, Marjorie, have been married since 1948. They have three children and eight grandchildren. Dr. Tenney believes the most important part of his work as a medical examiner is the same as the most important part of his work in public health – the field work. He makes scene visits on almost all of his medical examiner cases and is known for his excellent digital photography skills and

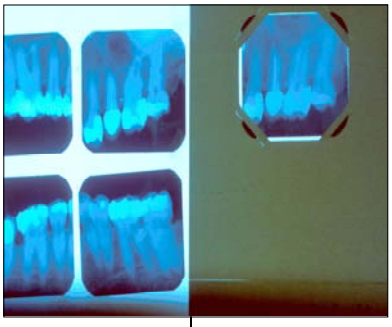
Corwin Casey
Autopsy Asst.
Western District

Corwin Casey has worked full-time as an Autopsy Assistant for 4 years. He previously worked part-time in this capacity in the late 1980's. Corwin was an English major at Elon College and studied Mortuary Science at John Tyler Community College. He has prior work experience in the funeral service profession. A licensed minister since 1989, he was ordained in 1991, and has served the community as a pastor since 1992 at the First Baptist Church in Radford, VA. Corwin and his best friend Pam have been married for 19 years and have 2 children, Cara, 18, and Chaz, 11. Cara will be a freshman at East Tennessee State U. this fall and Chaz is a gifted young musician who plays drums for the church choir.

INVESTIGATORS' CORNER ... *Positive Identification*

by Amanda Long, Medicolegal Death Investigator, Western District

The positive identification of a body should be conducted efficiently and scientifically. It is very important to remember, investigating agencies believe a driver's license or any other photo identification card is sufficient proof to positively identify a body. The use of clothing or other personal effects should not be solely relied upon since it is possible that a body may bear belongings of another person. A joint effort between the investigating agency and the OCME should be strongly pursued until all investigative leads have been explored. Other experts that may be called upon to assist in positive identification are latent print examiners, forensic odontologists and anthropologists. The purpose of positively identifying a body is so that the next of kin can be notified, official records can be completed and the possibility of a purposeful misidentification can be eliminated.



Dental records - one way to identify a missing person.

Different records that may be useful for comparison are reports of missing persons, fingerprints, dental records, health records (which would include past medical history and operative reports), antemortem radiographs, employment records and police records. The most reliable method for positive identification is the use of fingerprint comparisons. Information on whether a decedent has fingerprints on file may be accessed by checking a criminal history or by checking with past employers to see if fingerprinting was required. A criminal history can also provide information on tattoos or other scars which can be used for positive identification. Another useful technique for positive identification is the comparison of dental records and dental X-rays. Generally speaking, doctors' offices are reluctant to release medical records to law enforcement agencies. If the investigator can obtain names of the decedent's dentist and primary care physician from family members quickly, OCME personnel can contact these offices for medical records. This is a perfect example of how the positive identification of a decedent is a joint effort between law enforcement and the OCME. Medical records can also be compared to postmortem findings such as congenital defects, evidence of prior surgeries, surgical scars, absence of organs, and pre-existing diseases. If all of these options are unavailable, the last resort would be the comparison of DNA. Articles of clothing or hair brushes known only to be used by the decedent should be retrieved for comparison to samples taken at autopsy. If this option is not possible, buccal swabs can be taken from the decedent's parents, children, or brothers and sisters. The use of DNA to positively identify someone is used as a last resort because it usually takes longer to complete these examinations.

OCME DISTRICT NEWS

Western District

The following local medical examiners have been appointed for the Western District: Dr. Samuel Atkins (Danville, Pittsylvania County) and Dr. Samuel Melton (Russell County).

Dr. Dennis Burns, local medical examiner for Amherst and Campbell counties, passed away on April 14, 2003. Dr. Burns had been a local medical examiner for 19 years. Our heartfelt sympathies go out to his family.

Northern District

The Fairfax OCME welcomes 3 new employees. Anne Rizza, part-time Medicolegal Death Investigator, began working in April. She is a graduate of the Masters of Forensics program at George Washington U. in Washington, D.C. A substantial portion of her duties involves support of the CDC's National Violent Death Reporting System (NVDRS) in conjunction with the recent grant for this purpose. Dr. Kathryn Haden began her employment as an Assistant Chief Medical Examiner in July. She completed her residency at the U. of Tennessee, during which time she also performed forensic autopsies and death investigations in her role as Chief Assistant Medical Examiner for Knox County. Dr. Haden recently completed her Forensic Pathology fellowship at the Southwestern Institute of Forensic Sciences in Dallas, Texas. Sylvia Rollins is our new Office Services Specialist, filling the position vacated by Dottie Thompson, who retired in July. Sylvia has extensive experience in medical transcription and in administrative medical settings. Dottie Thompson is relocating to the Phoenix area with her husband Rick and will be enjoying a well deserved rest under the Arizona sun.

Central District

The Central District would like to welcome Pamela Gilbert (Receptionist), Kelly Gillis (Autopsy Tech), Dr. Ella Webster (Coordinator of the Maternal Mortality Review Team), and Vernell Williamson (NVDRS Surveillance Coordinator). Bridget Burke, currently in the position of Autopsy Tech has moved into our part-time investigator slot. Amy Hetrick will also serve as a part-time investigator—congratulations to both! We would like to welcome the following new medical examiners: Neville Jackson (Gloucester and Mathews Counties), Vytas Kazlauskas (Lunenburg County), and Katherine Atkins (Hanover, Henrico, Richmond City, and Chesterfield)

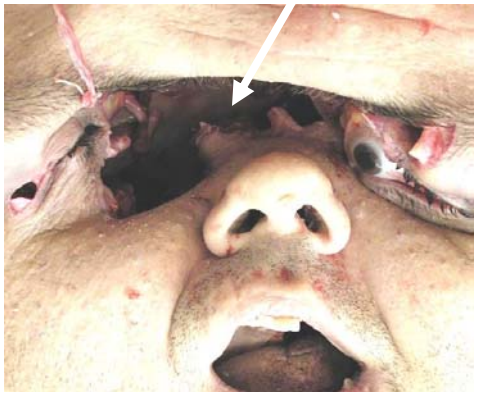
We would like to say farewell to Dr. Edward Cornett (Shenandoah County), Dr. Steven Crossman (Lunenburg County), Drs. Robin LeGallo, James Mize, Richard Whisnant, and Yvonne Hunter (Charlottesville City and Albemarle County), and Drs. Sandra Smith and Damian Covington (Lunenburg County).

PATHOLOGIST'S CASE

William Massello, III, M.D.
Asst. Chief Medical Examiner
Western District

An obese 49 year old white male was found dead in his residence shortly after neighbors heard a car pull up to the front of the house and a single gunshot. Scene investigation revealed, among other things, an unkempt residence. Several birdshot shotgun pellets were found on the floor. Shortly thereafter, two men were arrested, one of which confessed to shooting the decedent one time in the head at "point blank" range with a 7mm Remington magnum rifle.

At post mortem examination, a large, stellate, gaping gunshot wound of entrance was found above the bridge of the nose, near the center of the forehead (see photo), with a gaping exit wound in the right occiput. There was extensive destruction of the head and face with near complete evisceration of the brain. The wound of entrance bore all of the characteristics of a contact wound, including stretch lacerations on the skin of the front of face, indicative of a blast effect by combusting powder inside the skull and face. Conspicuously absent, however, was soot at the point of entrance. Such absence could be a source of confusing entrance and exit wounds in cases such as this. After all, wouldn't one expect to see at least some soot on the skin or on the bony entrance margins in this type of a wound? Indeed, one might not see soot around these wounds anymore. The reasons are not completely clear, but one explanation is because of the newer smokeless powders being used in cartridges today. "Clean burning" powders are made for high velocity ammunition such as the 7mm Remington Magnum Rifle. They are also being made for shotgun ammunition. Indeed, one manufacturer has an advertisement where a consumer is shown with a perfectly clean white glove on his hand after sticking his gloved finger inside a fired shot shell case.



The use today of this kind of powder should serve as a warning to medical examiners that they cannot use the presence or absence of soot anymore as the sentinel criterion for determining whether a wound is or is not contact in nature.

Virginia Department of Health,
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TAKE NOTE-Specimen Collection

The Fairfax and Central District offices will undergo National Association of Medical Examiners inspection for accreditation in the next few months. One of the inspection items requires that we identify the site from which body fluids are drawn. For example, for blood, label as femoral, supraclavicular, cardiac puncture, hospital blood, etc. For urine, indicate if obtained from a catheter bag, suprapubic puncture or other. Simply label vitreous fluid as such to distinguish it from dilute urine.

We will reprint the brown forms but until the new ones are distributed, please mark on the form the specific anatomic source of any fluids submitted for toxicology. Please send a tube of blood on every medical examiner's case. Blood drawn closest in time to the lethal event is most valuable for identifying alcohol or drugs present at the time of injury. Therefore, obtaining any samples retained in hospital laboratories are desireable. They can be sent in the same red boxes as postmortem blood. Your cooperation is appreciated.

If unable to collect a sample, contact the district office about the advisability of autopsy.

FROM THE EDITOR

If you would like to see this newsletter via the internet, the address is:

www.vdh.state.va.us/medexam/newslet2.pdf

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Comments, suggestions and questions are welcome.

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